

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>✓</i>		10-16-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
1 Original	1/15/02
1 ✓	5/20/02
2 ✓	✓
3 N	N
4 ✓	✓
5 ✓	✓
6 ✓	✓
7 N	N
8 N	N
9 ✓	✓
10 N	N
11 ✓	✓
12 N	N
13 ✓	✓
14 ✓	✓
15 N	N
16 ✓	✓
17 ✓	✓
18 ✓	✓
19 N	N
20 N	N
21 ✓	✓
22 N	N
23 N	N
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32 N	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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